

FILED JAN 4 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41522

BIRTH NO.		REG. DIST. NO. 238		PRIMARY REG. DIST. NO. 5831		Registrar's No. 81	
1. PLACE OF DEATH a. COUNTY Missouri New Madrid				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY New Madrid			
b. CITY (If outside corporate limits, write RURAL and give township) Sikeston rural		c. LENGTH OF STAY (In this place) 8 yr.		c. CITY (If outside corporate limits, write RURAL and give township) Sikeston Rural		0720	
d. FULL NAME OF HOSPITAL OR INSTITUTION Route 3				d. STREET ADDRESS (If rural, give location) Route 3			
3. NAME OF DECEASED (Type or Print)		a. (First) Fayolee		b. (Middle) Barber		c. (Last) Barber	
4. DATE OF DEATH		(Month) Dec.		(Day) 1,		(Year) 1950	
5. SEX Female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed		8. DATE OF BIRTH Nov. 22, 1881	
9. AGE (In years last birthday) 69		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper		10b. KIND OF BUSINESS OR INDUSTRY Housewife		11. BIRTHPLACE (State or foreign country) Kansas	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Bill Wilsom		13b. MOTHER'S MAIDEN NAME unknown		14. NAME OF HUSBAND OR WIFE deceased	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Fred Barber Sikeston, Mo. R. 3			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer Colon ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last: DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 1 yr 153X	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21f. HOW DID INJURY OCCUR?	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>					
22. I hereby certify that I attended the deceased from Sept 10, 1950 , to Dec 1, 1950 , that I last saw the deceased alive on Dec 1, 1950 , and that death occurred at m. , from the causes and on the date stated above.							
23a. SIGNATURE AG Martin MD		(Degree or title)		23b. ADDRESS East Princeton		23c. DATE SIGNED 12-16-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12-3-50		24c. NAME OF CEMETERY OR CREMATORY Essex Cemetery		24d. LOCATION (City, town, or county) (State) Essex, Missouri	
DATE REC'D BY LOCAL REG 12-27-50		REGISTRAR'S SIGNATURE Helen Louise Jones		25. FUNERAL DIRECTOR'S SIGNATURE Watkins Funeral Ser. Dexter, Mo.		ADDRESS	

(Licensee's Embellishment's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

JAN 2 1951

DISTRICT HEALTH OFFICE No. 6

No.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

Student Embalmer No.

working under my personal supervision.

Student

Student Embalmer

Signed

Walter Marsh

Licensed Embalmer No. 4717

P. O. Address Dexter mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.